| PET | ITION FOR EXTENSION OF TIME UNDER 37 CFR 1.13 | 36(a) Docket Number (Optional) | |
|---|--|--|--|
| | FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | 010262-020100US | |
| Appli | cation Number 10/790,981 | Filed March 1, 2004 | |
| For METHOD AND APPARATUS FOR FRAME DELINEATION | | | |
| Art U | nit 2112 | Examiner AHMED, ENAM | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | <u>Fee</u> | Small Entity Fee | |
| | One month (37 CFR 1.17(a)(1)) \$130 | \$65 \$ | |
| | Two months (37 CFR 1.17(a)(2)) \$490 | \$245 \$ | |
| | Three months (37 CFR 1.17(a)(3)) \$1110 | \$555 \$ <u>1110 </u> | |
| | Four months (37 CFR 1.17(a)(4)) \$1730 | \$865 \$ | |
| | Five months (37 CFR 1.17(a)(5)) \$2350 | \$1175 \$ | |
| | Applicant claims small entity status. See 37 CFR 1.27. | | |
| | A check in the amount of the fee is enclosed. | | |
| | yment by credit card. Form PTO-2038 is attached. e Director has already been authorized to charge fees in this application to a Deposit Account. | | |
| \boxtimes | | | |
| \boxtimes | The Director is hereby authorized to charge any fees which m Deposit Account Number | nay be required, or credit any overpayment, to | |
| | WARNING: Information on this form may become public. Credit card Provide credit card information and authorization on PTO-2038. | d information should not be included on this form. | |
| l ar | n the applicant/inventor. | | |
| | assignee of record of the entire interest. See Statement under 37 CFR 3.73(b) is enclosed. | | |
| attorney or agent of record. Registration Number 48,750 | | | |
| | attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1. | 1.34 | |
| | /Ardeshir Tabibi/ | December 3, 2009 | |
| • | Signature | Date | |
| | Ardeshir Tabibi, Reg. No. 48,750 | 650-326-2400 | |
| | Typed or printed name | Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| | Total of forms are submitted. | | |